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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING APR 2 5 2006

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	PEPTIDE CON	JUGATE 1	OR MAGNETIC	RESONANC	E IMAGING		
Fill in Appropriate	the specification of which forth above and/or the fo		reto. If not attached her	eto, the application	on is identified by t	the attorney docke	t number as set
Information -	The specification wa						as
For Use Without	United States Appli and amended on	cation Number				(if applicab	le) and /or
Specification Attached:	the specification wa	s filed on C	06/17/2004			(ir upplicus	as PCT
ritucico.	International Applie			T/IB2004	/002210		and was
	amended on					(if a	pplicable)
Insert Priority Information: (if appropriate)	amended by any amends I acknowledge the Regulations, §1.56.	ment referred to duty to disclost do not believe the lescribed in any ation, that the se that the invest in any counts is more than two ficate on this ir legal represent gn priority ben sted below and of the applicatio	the same was ever know y printed publication is same was not in public ion has not been paten ry foreign to the Unit elve months (six mont nevention has been filed atives or assigns, excep lefits under Title 35, Ur have also identified be n on which priority is c	is material to part of the land of the lan	tentability as defin	ned in Title 37, Conerica before my overtion thereof or sof America more thor's certificate is exaction filed by mation, and that noed States of America polication or inventor's certification or inventor's certification.	ode of Federal
	(radinoer)	(Country)		(2.121.11.)	,,		
	(Number)	(Country)	· · · · · · · · · · · · · · · · · · ·	(Month/Day	/Year Filed)	Yes	□ No
	(Number)	(Country)		(Month/Day	//Year Filed)	☐ Yes	□ No
	I hereby claim the benefi	t under Title 35	, United States Code, §	19(e) of any Uni	ted States provisior	nal applications(s)	listed below.
Insert Provisional Application(s): (if any)	(Application Number)			(Filing D	ate)		
	(Application Number)			(Filing D	Pate)		
	All Foreign Applications the Filing Date of This A		Patent or Inventor's C	ertificate Filed M	fore than 12 Month	ns (6 Months for D	esigns) Prior to
	Country		Application Number		Date of Filing (Me	onth/Day/Year)	
Insert Requested Information: (if appropriate)							
	I hereby claim the bene- continuation-in-part app disclosed in the prior Ur Code, §112, I acknowle Federal Regulations, §1 international filing date	.56 WHICH DEC	mie avanable between	\$120 of any Unis the subject ma the manner prov which is materia the filing date	ited States and/or atter of each of the rided by the first pa I to the patentabili of the prior appli	PCT application(se claims of this aparagraph of Title 3 ty as defined in Tication and the n), including for plication is not 5, United States itle 37, Code of ational or PCT
Insert Prior U.S. Application(s): (if any)	(Application Number)		(Filing Date)	· -	(Status - patented	i, pending, abando	oned)
Page 1 of 2	(Application Number)		(Filing Date)		(Status - patented	l, pending, abando	oned)

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I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor.	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE 0		DATE*
Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This Document is Signed	Marc PORT		_	2006.01.24
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Inventor, if any:	'	INVENTOR'S SIGNATURE	CITIZENSHIF Frenc	726-01-26
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Inventor, if any: see above Full Name of Fifth Inventor, if any:	Claire COROT Residence (City, State & Country) LYON - FRANCE MAILING ADDRESS (Complete Street Address in 104, rue Tronchet 69006 I. GIVEN NAME/FAMILY NAME Irène GUILBERT Residence (City, State & Country) VITRY SUR SEINE - FRANCE MAILING ADDRESS (Complete Street Address in 104, rue Tronchet 69006 I.)	ncluding City, State & Country) .YON — FRANCE INVENTORS SIGNATURE ncluding City, State & Country)	CITIZENSHIF French ITRY SUR	DATE* 2006.01.27 SEINE-FRANCE DATE* 206.01.27
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Inventor, if any: see above Full Name of Fifth Inventor, if any: see above	Claire COROT Residence (City, State & Country) LYON - FRANCE MAILING ADDRESS (Complete Street Address in 104, rue Tronchet 69006 I. GIVEN NAME/FAMILY NAME Irène GUILBERT Residence (City, State & Country) VITRY SUR SEINE - FRANCE MAILING ADDRESS (Complete Street Address in 121, avenue Paul Vaillant GIVEN NAME/FAMILY NAME Jean-Sébastien RAYNAUD Residence (City, State & Country)	ncluding City, State & Country) YON — FRANCE INVENTOR'S SIGNATURE Including City, State & Country) Couturier 94400 V INVENTOR'S SIGNATURE	CITIZENSHIF French ITRY SUR CITIZENSHIF French	DATE* 2006 01. 27 SEINE-FRANCE DATE* Loc 01.27

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*DATE OF SIGNATURE